

215023461
49311

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 4

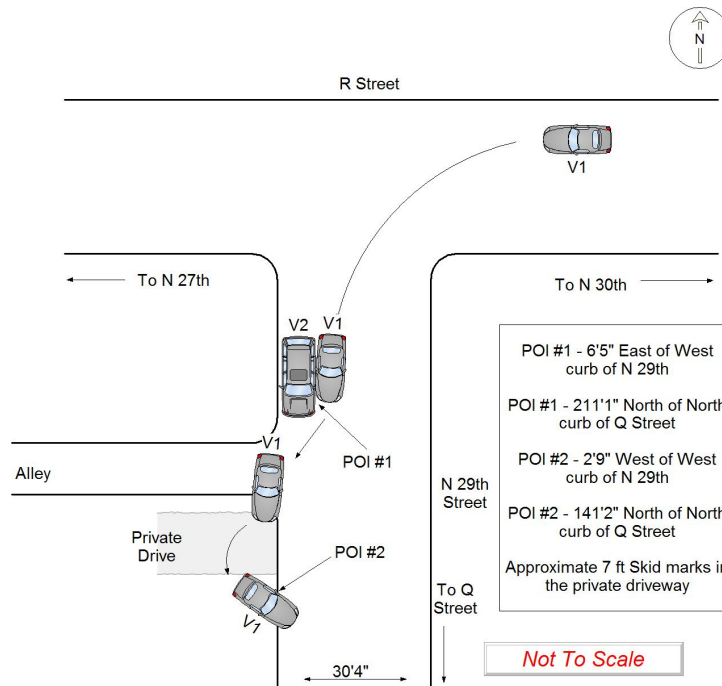
2	Total Number of Vehicles	Local No./ District 031	Agency Case No. B5-053308	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1 01	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 06/15/2015		TIME OF ACCIDENT 2321	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 2323	06/16/2015	
B 65	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. N 29th Street		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE	
C 4	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D 1	IF AT INTERSECTION		IF NOT AT INTERSECTION			
NAME OF INTERSECTING ROADWAY		<input checked="" type="radio"/> FEET <input type="radio"/> MILES		N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING	
211.00		X		Q Street		
V1/M 10	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
V2/M 01	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
E 2	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
VEHICLE NO. 1						
F 1	DRIVER LICENSE NO.	H13635329		STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
V1/N 1	DRIVER	BRYAN J Mercado		PHONE	4029750814	
V2/N 1	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	12/26/1994	
G 2	OWNER	Nolberta Mercado		PHONE	4026133177	
V1/O 3	VEHICLE	YEAR 1997	MAKE Ford	MODEL Mustang	BODY STYLE 2 door Sedan	COLOR black
V2/O 2	VEHICLE ID NO. (VIN)	1FALP4446VF149844		INSURANCE COMPANY	Viking Insurance	
I 1	VEHICLE	YEAR 1997	MAKE Ford	MODEL Mustang	BODY STYLE 2 door Sedan	COLOR black
V1/O 3	VEHICLE ID NO. (VIN)	1FALP4446VF149844		INSURANCE COMPANY	Viking Insurance	
V2/O 2	TOWED TO	1st and Charleston		TOWED BY	Capital Towing	
VEHICLE NO. 2						
F 1	DRIVER LICENSE NO.			STATE (Of License)		SEX <input type="radio"/> FEMALE <input type="radio"/> MALE
V1/P 6	DRIVER	Legally Parked		PHONE		
V2/P 1	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)		
J 01	OWNER	DEBORAH S KERNS		PHONE	4024701473	
V1/Q 1	VEHICLE	YEAR 2006	MAKE Ford	MODEL Explorer	BODY STYLE Medium/large	COLOR white
V2/Q 3	VEHICLE ID NO. (VIN)	1FMEU74E86ZA01115		INSURANCE COMPANY	Geico	
K 01	TOWED TO			TOWED BY	4336527959	
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	3 Body Region	4 Injury Sev.
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	5 Trans.	SEX M F
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	EMS RUN REPORT NO.	
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-053308

Indicate
North
by Arrow



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Witness 1 and 2 stated that they were walking across N 29th at R Street when they observed vehicle 1 driving westbound on R Street. They observed vehicle 1 to be traveling approximately 30 MPH and turned southbound onto N 29th at high rate of speed, narrowly missing witnesses 1 and 2. Vehicle 1 was then observed to impact the drivers side of vehicle 2 which was parked and unoccupied on the west side of N 29th/R-Q. Vehicle 1 then entered the entrance to an alley, drove onto a private drive and came to a stop after it high centered on the west curb of N 29th. The driver of vehicle 1 refused to provide an account of the events that transpired. Witness 3 only heard the crash and observed the aftermath.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE
	Small portion of law	Phyllis Roberts	315 N 29th, Lincoln, NE 68503	4024325331	\$ 250
WITNESSES	NAME	ADDRESS	PHONE		
	Ronnie S Weston	901 Gaslight Lane, Lincoln, NE 68521	9045058364		
WITNESSES	NAME	ADDRESS	PHONE		
	Chelsea N Madden Transient,		4026011632		

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA				AIRBAG DEPLOYED VEHICLE 1				RESTRAINT USE VEHICLE 1				TOTAL OCCUPANTS				
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME				(Enter numbers for each vehicle)											
1		X			N 29th Street				VEHICLE 1				VEHICLE 2							
2		X			N 29th Street				VEHICLE 1				VEHICLE 2							
1	01				06 Turning left				POINT OF IMPACT				02				POINT OF IMPACT			
2	10				07 Making U-turn				MOST DAMAGED AREA				02				MOST DAMAGED AREA			
					08 Entering traffic lane				00 None				02				03			
					09 Leaving traffic lane				09 Top & windows				03				04			
					10 Parked				10 Undercarriage				04				05			
					11 Slowing or stopped in traffic				11 Total (all areas)				05				06			
					12 Other				12 Other				06				07			
					13 Unknown															

OFFICER NO.	TROOP/TEAM/BEAT	DEPARTMENT	Photographs taken?
1716	NE	Lincoln Police Department	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

INVESTIGATOR NAME (Print or Type)	INVESTIGATOR SIGNATURE	DATE OF REPORT
Kevin Meyer	Approved by Officer Kevin Meyer	06/16/2015

ADDITIONAL - DIAGRAM & INFORMATION AS REQUIRED FOR ACCIDENT



Indicate
North
by Arrow

AGENCY CASE NO.

B5-053308

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE
					\$
WITNESSES	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE
					\$
WITNESSES	NAME	ADDRESS			PHONE
	William P Smith	322 N 29th Street, Lincoln, NE 68503			4024807619
WITNESSES	NAME	ADDRESS			PHONE
OFFICER NO.		TROOP/ TEAM/ BEAT	DEPARTMENT		
1716		NE	Lincoln Police Department		
INVESTIGATOR NAME (Print or Type)			INVESTIGATOR SIGNATURE		DATE OF REPORT
Kevin Meyer			Approved by Officer Kevin Meyer		06/16/2015